



R S Bonding & Insurance Agency, Inc.

Construction Bond Specialist

Express Bonding Questionnaire

Company Name: _____

The name of the company must be its exact legal name, as it appears on license.

License No. _____

Address: _____

Street

City

State

Zip

Phone: _____

Fax: _____

Federal Tax ID#: _____

Email: _____

Your firm is a: Corporation Partnership Sole Proprietorship

Type of Construction Performed: _____

History

Date Business Established: _____

Date Incorporated: _____

State of Incorporation: _____

Years of Experience _____

Current / Prior Bond Company(s): _____

Organization / Owners and Key Employees

List all Officers; include each owner with 5% or more ownership.

Name	Position	% of Stock	Date of Birth	Social Security
Spouse:				
Spouse:				

Declaration

	Owner	Spouse	Owner	Spouse
How is your credit?	Poor, Fair, Excellent	Poor, Fair, Excellent	Poor, Fair, Excellent	Poor, Fair, Excellent
Bankruptcy in the last seven years?	Yes / No	Yes / No	Yes / No	Yes / No
Any Tax Liens or Judgements?	Yes / No	Yes / No	Yes / No	Yes / No
Do you have a Family Trust	Yes / No	Yes / No	Yes / No	Yes / No

Job Experience

Largest Single Job Completed: \$ _____

Year: _____

Largest Single Job Ever Bid: \$ _____

Year: _____

Bonding Capacity Desired: *Single Job Size:* \$ _____

Total Work Program: \$ _____

Largest work on hand at any one time was: \$ _____

during _____

(yr.) and consisted of _____

(#) contracts.